

REQUEST FOR ADP EQUIPMENT / SUPPLIES / SERVICES

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Requisition No.	Tracking No.	Funding Type OPN <input type="checkbox"/> O&MN <input type="checkbox"/> Reimb <input type="checkbox"/>	Job Order No.	Request Date
Requestor: Name/Code		Approved AIS? Yes <input type="checkbox"/> (If Yes, AIS Name) No <input type="checkbox"/>	Date Required	
Phone No.			POC for Shipment/Repair Name	
Suggested Vendor (One Vendor per Request)		Type of Req / EE M - Rentals <input type="checkbox"/> P - Equip Maint <input type="checkbox"/> P - One Time Repair <input type="checkbox"/> Q - Purch. Services <input type="checkbox"/> T - Parts <input type="checkbox"/> T - Software <input type="checkbox"/> T - Consumables <input type="checkbox"/> W - Equipment <input type="checkbox"/> W - Furniture <input type="checkbox"/> Y - Printing <input type="checkbox"/> Other <input type="checkbox"/>	Phone No.	
Name			Ship to Location	
Address				
Phone No.			Mail Invoices to	
GSA Contract/ Schedule No.				

Justification (Mandatory)

Schedule of Supplies/Services to be Procured (attach additional page(s), if required)

Item No.	Model Number Description	Qty	Unit Price	Extended Cost

If microcomputer components, give
Make/Model of machine being augmented

		Total Cost	
ACTR Approval	Signature/Date	Div/Dept Head/Spec Asst	Signature/Date

FOR USE BY MANAGEMENT INFORMATION SYSTEMS DEPARTMENT (MISD) PERSONNEL ONLY

Department Head/Deputy	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	On Hold <input type="checkbox"/>
Comments			

Configuration Management	Specifications	Yes <input type="checkbox"/>
Configured by _____	Attached?	No <input type="checkbox"/>
Date Received _____	Date Out _____	
Approved by _____	Date _____	

(Continuation Sheet)

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NETPDTC 5230/13 (07/03)